



Department of Medical Assistance Services
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www.dmas.virginia.gov

MEDICAID MEMO

TO: All Providers and Managed Care Organizations
(MCOs) participating in the Virginia Medical
Assistance Program

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO Special
DATE 04/13/2006

SUBJECT: Updates and Changes in the Processing of Medicare
“Crossover” Claims – Effective May 1, 2006

On December 30, 2005 and on January 12, 2006, Virginia Medicaid sent out Medicaid Memoranda to all providers outlining changes in the processing of Medicare Crossover claims as a result of the Cost of Benefits Agreement (COBA). Virginia Medicaid began participating in the COBA crossover consolidation process on January 23, 2006.

To help ensure that we do not adjudicate a crossover claim for an incorrect provider, we have added an edit to our system to verify that the Tax ID number that is submitted on the crossover claim matches the Tax ID number associated with the provider we have identified when we use the Medicare vendor number as a cross-reference. We have been suspending and holding such claims for further research and possible provider contact. To date, approximately 4% of the crossover claims we have processed since January 23 have met this condition.

Our efforts to research these claims have often shown that our database contains outdated provider file information because either we have not received the correct or updated information from providers, or the Medicare claims are being submitted with incorrect information. In both cases, we think the claim is being adjudicated as correctly as possible with the information available to our system.

Change in Processing

Effective May 1, 2006, we will begin denying crossover claims that have a Tax ID number discrepancy as defined above. The error code assigned will be 0885 – Tax ID Mismatch. An 0885 error will be reflected on an 835 electronic remittance as Group CO, adjustment reason 16, and remark code N209.

When you receive notification that a Medicare crossover claim has been denied for error code 0885, this can mean one of two things.

1. The correct Medicaid provider number was determined based on the Medicare vendor number on the claim, but the Tax ID number on the claim and in our database did not match, so one of them needs to be corrected.
2. The incorrect Medicaid provider number was determined based on the Medicare vendor number on the claim and the claim does not belong to you.

In either instance, you may verify the Tax ID and/or Medicare vendor number associated with your Medicaid provider number by contacting the First Health - Provider Enrollment Unit at:

First Health Services Corporation
Provider Enrollment Unit
P.O. Box 26803
Richmond, VA 23261-6803

1-888-829-5373 (in-state)
1-804-270-5105 (out-of-state)

If you receive information from your carrier or intermediary that your Medicare claim has been crossed over to Virginia Medicaid and it does not appear on a Medicaid remittance advice within 30 days, you should do the following.

1. Contact the DMAS “HELPLINE” [1-804-786-6273 (Richmond area), 1-800-552-8627 (all other areas)] to determine why your claim did not get reported on a remittance advice.
2. Submit a claim to Virginia Medicaid. This can be done either by submitting a paper claim (UB-92 or DMAS-30 form) or by submitting an electronic 837 claim that indicates the Medicare adjudication results and shows Virginia Medicaid as the secondary payer. (Refer to Attachment A for further information on submitting an 837 claim with Medicaid as the secondary payer.).

Medicare Vendor # Submission

To submit your Medicare vendor number to Virginia Medicaid, you should complete the Request for Title XVIII (Medicare) Information form and mail or fax the form to our fiscal agent's, First Health Services Corporation, Provider Enrollment Unit as soon as possible. The form can be accessed at <https://virginia.fhsc.com/documents/WEBRequest-TitleXVIII.pdf>. You should submit a form for each Medicaid provider number.

Include Your Medicaid ID on Medicare Claims

As discussed in our January 12, 2006 Medicaid Memo, to ensure your Medicare crossover claim is adjudicated for your correct Medicaid provider record, you should include your Medicaid provider number as a secondary identifier on the claim you send to Medicare. When a crossover claim includes a Medicaid provider number, the claim will be processed by DMAS using the Medicaid provider number rather the Medicare vendor number. Refer to Attachment B for specific instructions.

Special DMAS E-mail Address for Crossover Questions and Issues

DMAS established a special e-mail address for you to submit questions and issues regarding the Medicare crossover process. Please send any questions or problems you may have to the following: Medicare.Crossover@dmass.virginia.gov.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmass.virginia.gov. Refer to the Provider Column to find Medicaid and SLH (State and Local Hospitalization Program) Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attachment A

How to submit a Secondary claim to Medicaid when Medicare is Primary

If you receive notification that your Medicare claim was crossed over to Medicaid, but it does not appear on a remittance advice after 30 days, you should submit the claim directly to Medicaid. In the past such a claim had to be sent on paper (UB-92 or DMAS-30), but the claim can now be sent electronically.

- For 837 I claims, send the claim as if it were a Medicaid claim (2000B current payer loop is Virginia Medicaid) and send the other payer information (i.e., Medicare) in the 2320 other payer loop. The AMT segments in the Medicare 2320 other payer loop are used to report Medicare adjudication results. If the claim was adjudicated at the claim level then claim level CAS segments should be used to report Medicare coinsurance and deductible amounts. If the claim was adjudicated at the service line level then use the service line level CAS segments. CAS segment amounts may be reported at the claim level or service line level but not both.
- For 837 P claims, send the claim as if it were a Medicaid claim (2000B current payer loop is Virginia Medicaid) and send the other payer information (i.e., Medicare) in the 2320 other payer loop. The AMT segments in the Medicare 2320 other payer loop are used to report Medicare adjudication results. Professional claims adjudication information should be sent at the 2430 service line level. CAS segments should be reported at the service line level because each line will be processed as a separate claim by Virginia Medicaid.

Refer to the applicable 837 Implementation Guide and Virginia Medicaid 837 Companion Guide (<https://virginia.fhsc.com/hipaa/CompanionGuides.asp>) for more information.

Note that an electronic claim can also be sent if you need to resubmit a crossover claim that originally denied, such as for other coverage, or if you need to adjust a paid crossover claim, such as to include patient liability.

Attachment B

How to include the Medicaid provider number on an 837 claim to Medicare

To avoid the problems and potential errors involved in cross-referencing a Medicare vendor number to a Medicaid provider number and to ensure your claim is adjudicated for the appropriate provider number, we recommend that you include your Medicaid provider number as a secondary identifier on the claim you send to Medicare.

The Medicaid provider number (Medicaid ID) should be sent as follows:

- For 837I claims, the Medicaid ID is sent in the 2010AA loop for the billing provider (billing provider secondary information).
- For 837P claims, the Medicaid ID is sent in the 2310B (claim level) and/or 2420A (service line level) loop for the rendering provider (rendering provider secondary information).

The reference (REF) segment identified in all of these loops supports the '1D' qualifier (REF01) for Medicaid ID (REF02). Refer to the applicable 837 Implementation Guide for more information.